

Facility:
Surveyor:
PreSurvey Date:

Pre-Survey Training Outline
(Enter Name of Condition Here)
(Enter Provider Type Here)

Directions – Pre-Survey Prep: Complete assignments 1 – 3 independently. As part of Assignment 4, review what you have completed with your preceptor. Assignment 5, prompts you to document independently your plan for surveying (Enter Name of Condition Here) during an upcoming survey. Review your plan for this survey of (Enter Name of Condition Here) with your preceptor in Assignment 6.

Condition for Coverage	
§416.XX Condition for Coverage: (Enter Name of Condition Here)	
Assignment 1:	Answer
Document in a short paragraph your understanding of this requirement. Do not look at the State Operations Manual (SOM) or other reference material before answering the question <i>Note: this is a benchmark of your current knowledge to review with your Preceptor. This is not a recorded grade.</i>	
Assignment 2:	Answer
Read the CfC and related standards in the SOM. Remember to look for current (dated after the last revision of Appendix L) Survey and Certification	

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Condition for Coverage	
memos. Refer to the instructions in the “Helpful Links for Surveyors” document for guidance on comparing revision dates of the Tags in the SOM to issue dates of S&C memos. What is your understanding of this requirement now? Has your understanding changed since reading the SOM? If so, how?	
Assignment 3:	Answer
Describe what you think compliance with the CfC “looks like” in the facility. In other words, describe what you would find in the facility that is in compliance.	
Assignment 4:	Preceptor Review:
Review assignments 1-3 your Preceptor. Clarify any questions or misunderstandings before moving on to Assignment 5.	

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Assignment 5:	Survey Plan
<p>For the (Enter Name of Condition Here) CfC and standards, consider what activities you will do in the field to determine compliance and document it. Reference the SOM as needed. These answers serve as your plan:</p> <p>§416.XX Condition for Coverage: (Enter Name of Condition Here)</p> <p>§416.XX(a) (Enter each standard)</p>	<p><u>OBSERVATIONS (What do you want to observe/locations?)</u></p> <p><u>INTERVIEWS (Who would you interview and why? Formulate at least 3 pertinent questions)</u></p> <p><u>Document Review (What documents do you want to see and why?)</u></p>

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Assignment 6	Preceptor Review:
Meet with your Preceptor. Present	(Is the surveyor's plan adequate? What recommendations do you have?)

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Condition for Coverage	
your plan for survey. Discuss concerns and questions you might have.	
Final Pre-Survey Prep:	Preceptor/New Surveyor: Comments/Plan/Other
Date of Survey:	
Survey Logistics: (Meeting place, time, etc.)	
Time:	

Facility:
Surveyor:
Survey Date:

Post-Survey Training Outline
(Enter Name of Condition Here)
(Enter Provider Type Here)

Directions – Post-Survey: Document your actual investigation on the Surveyor's Notes. After the survey, review your Surveyor Notes with the Preceptor and compare them to your original plan. Then complete the following assignments.

Condition for Coverage	
§416.XX Condition for Coverage: (Enter Name of Condition Here)	
Assignment 7:	Answer
What did you learn about surveying patient (Enter Name of Condition Here) while at the facility? What questions do you have for your Preceptor? Was your plan effective? What did you see as a challenge?	
Assignment 8:	Answer
Document how you would write the statement of deficiency, if applicable, according to state agency policy.	
Assignment 9:	Answer
Review the actual 2567 from this survey. Do you agree with the findings? Discuss any differences with your preceptor.	
Assignment 10:	Preceptor Review:
Review assignments 7 - 10 with your	

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Survey Date:

Post-Survey Training Outline
(Enter Name of Condition Here)
(Enter Provider Type Here)

Condition for Coverage	
Preceptor. Clarify any questions or misunderstandings.	
Date of Survey:	
Location:	
Time:	

Facility:
Surveyor:
Survey Date:
Current Date:

Self-Assessment and Feedback Tool
(Enter Name of Condition Here)
(Enter Provider Type Here)

Directions – Self-Assessment: Finally, complete the self-evaluation form by filling in the New Surveyor column. Next, provide your self-evaluation to your Preceptor. Use this time with your Preceptor to review your self-evaluation and to provide your Preceptor with additional feedback. Finally, identify any opportunities for further learning regarding the survey of (Enter Name of Condition Here) within an ASC through a jointly developed action plan. Identify a time frame to review your progress through the action plan. At the review date, meet with your preceptor to comment on each action item and identify any follow-up items if needed. Once all action items and follow-up items are complete on the action plan, document the completion date.

CfC +/-or Standard Being Surveyed (If applicable): (Enter Name of Condition Here)

New Surveyor:	Preceptor:
<u>Brief Self Evaluation of Performance</u>	<u>Brief Evaluation of New Surveyor Performance</u>
<u>Self- Identified Learning Needs</u>	<u>Preceptor Evaluated Learning Needs</u>

Facility:
 Surveyor:
 Survey Date:
 Current Date:

Self-Assessment and Feedback Tool
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Action Plan Development and Review

Action Item:	Review Comments:	Follow-Up Comments (if needed):
Developed Jointly by:	Date for Review:	Follow-Up Date (if needed):
	Date Review Complete:	Date Action Plan Complete:
Date Started:		